

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020266

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2706

STATE FILE NUMBER

FILED MAY 29 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 30 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 3726 Madison	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nan Quackenboss		4. DATE OF DEATH Month May Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-13-82
9. AGE (last birthday) 80		10. BIRTHPLACE (City and state or country) Ontario, Canada	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Roland C. Whittet		13b. MOTHER'S MAIDEN NAME Sarah McGregor	
14. NAME OF HUSBAND OR WIFE F. Wm. Quackenboss		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Jean Whittet, 400 Central Park West, New York 25, New York	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Obstruction left Coronary Artery DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day Year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetic Acidosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Mo	
20g. COUNTY Jackson		20h. STATE Missouri	
21. I attended the deceased from Dec 11, 1961 to May 6, 1963 and last saw her alive on May 6, 1963 Death occurred at 5:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE William H. Goodson, MD	
22b. ADDRESS 1322 Prof Bg Kansas City, Mo		22c. DATE SIGNED 5/8/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 5-9-63	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. DATE RECD. BY LOCAL REG. 5-9-63	
23f. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		23g. REGISTRAR'S SIGNATURE Ruth Long	

DOCUMENT

William H. Goodson, M.D.

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

79

Dr. Wm. Anderson
Prof. Bldg
212-34438
Feb 4, 2010
46-85444

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tracy McCurdy
Licensed Embalmer No. 5125

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.